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Bib Data Sheet

CONFIRMATION NO. 2891

SERIAL NUMBER 10/679,717	FILING DATE 10/06/2003 RULE	CLASS 602	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. SMITH-I.UTL
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/30/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 6
Verified and Acknowledged	 Examiner's Signature Initials				

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TITLE

Self-contained heating and cooling orthopaedic brace

FILING FEE RECEIVED 559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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